



Publications featuring Dissociachotic

Ball, M., & Picot, S. (2021). Dissociachotic: Seeing the non-psychosis that we share. *Journal of Humanistic Psychology*.

Ball, M., & Ritchie, R. Suicide Narratives. Retrieved December 7, 2020, at: <https://www.humaneclinic.com.au/suicide-narratives>

Raeburn, T., & Ball, M. Psychosis and schizophrenia In Foster, K., O'Brien, A., Marks, P., Raeburn, T., (2021). *Mental Health in Nursing*, fifth ed. Elsevier, Sydney.

Palmer, C., & Ball, M. (2018). 'A biomedical view dismisses the human experience of trauma'. A Poster presented at the annual conference of The Australian College of Mental Health Nurses in Cairns, 24-26 October 2018. Conference Theme: Mental Health is a Human Right. Awarded Best Poster.

A biomedical view dismisses the human experience of trauma

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||| A person expresses bewilderment and distress at the experience of hearing voices – which response meets the human right to good care? |||

THE BIOMEDICAL RESPONSE	A TRAUMA-INFORMED RESPONSE
“ what’s wrong with you? ”	“ what’s happened to you? ”
<p>A diagnostic label is applied:</p> <ul style="list-style-type: none"> Schizophrenia? Bipolar Affective Disorder (? type) Borderline Personality Disorder? <p>Psychotropic medications</p> <ul style="list-style-type: none"> Atypical antipsychotics obesity metabolic disorder type 2 Diabetes Mellitus cardiovascular disease shortened lifespan underemployment/unemployment powerlessness loss of identity person is viewed as 'vulnerable' psychotic illness is viewed as incurable <p>Dependence</p> <ul style="list-style-type: none"> Inability to manage own experiences Loss of connection to community Social isolation Desolation Long-term psychosis (flatline) <p>“Dissociachotic: Biomedicine classifies voice hearing as ‘psychosis’, an alternate view recognises voice hearing as a response to trauma and adversity and not a biological disease. The term dissociachotic combines the words dissociative and psychosis, which acknowledges psychosis as a legitimate and understandable response to trauma and adversity, specifically observed within the interrelated human to human moments of connection, and not a chemical imbalance or biological disease state (Ball, 2018).</p>	<p>Acknowledgement of the experience: professionals seek to understand the experiences that trigger the ‘voices’ and support the person to recognise them as a stress response and help them to process them – returning to psychological safety and symptom self-management.</p> <p>Person-centred approaches</p> <ul style="list-style-type: none"> Voice dialogue - The Maastricht Approach Peer Support - Intervoice; Hearing voices groups Psychotherapy Medications are viewed as an option – if experienced as being of value to the individual Person is viewed as capable and skilful in adaptation to adversity Voices are considered Dissociachotic – an understandable, innate survival mechanism that puts the person at variance to self and others in response to interpersonal threat from another (Ball, 2018). <p>Autonomy</p> <ul style="list-style-type: none"> Self-determination People take control of their lives – including living skilfully with and integrating voices Recovery is underpinned by choice and a personal (re)authoring of the experience Symptom self-management through life’s challenges (normal rhythm) <p>Implications for practice: Mental health nurses need to challenge their view of voice hearing, not as psychotic, but as dissociachotic. This reframe includes the need to observe and attune to one’s own actions (verbal, physical, emotional, political) that place the person in an unsafe moment that creates the need for a dissociachotic state.</p>

Reference: Ball, M. (2018). Narratives not diagnosis: A human to human response. Presentation at The Centre of Democracy Adelaide, 10 October 2018.

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Dissociachotic

‘The experience of animation and giving life to being at variance of companionship to self in order for the survival of self in relationship to interpersonal threat from other’

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